

RE: Budget article on Telehealth (Article XX of budget)

I am FOR this budget provision/ article

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TESTIMONY: I am a social worker and a behavioral health provider who has been practicing exclusively using telehealth during the Covid crisis, i.e., since April, 2020. I work with clients who are in early, middle and late stage recovery from substance abuse, clients with depression and anxiety, clients with eating disorders, and clients with medical conditions exacerbated by stress. Telehealth has worked extremely well for the provision of care. Clients are almost universally pleased to use it (some do miss face to face in person) and rarely miss appointments. They often find it easier to share in video or on the telephone the important information that therapy involves.

Accessing behavioral health care through telehealth during the Covid crisis has been and will continue to be extremely important for those clients (and practitioners) who are over 65, immune-compromised and/or have health conditions that make them vulnerable to complications should they contract Covid. Those clients, and myself as a practitioner as well, would fare poorly in the office setting while Covid is a public health issue: therapy offices tend to be small, we work face-to-face for 45-60 minutes, a much longer period than is recommended for safe indoor interactions, and ventilation, highly recommended as a safer practice, is quite weather or landlord dependent. (Many therapy offices in agencies have NO windows. Offices are hopefully working on the filters for HVAC systems that would be virus-filtering, but few are there yet). Some of my clients are financially struggling. At this time, it is cheaper to "see" a therapist from home than to travel. Some clients are parents who, given restrictions on children's activities, can more easily get an hour's time for telehealth than the several hours that would be required to travel to therapy. Medically and financially vulnerable clients who have used medical transportation services are no longer advised to do that, given risks of transmission. Telehealth is a literal lifesaver. Telehealth for health care for the vulnerable and disadvantaged is one way we can increase equity and overcome structural disadvantages in morbidity and mortality with Covid, among other illnesses.

I add that, as a retired professor emerita from Rhode Island College School of Social Work, I was very interested in reviewing the literature on the comparative effectiveness of and adherence to telehealth behavioral health treatment. The research shows that live video and phone only behavioral health services are both equally effective as in person in office therapy under most circumstances for most populations. In other words, I am emphatically not supporting an inferior but convenient service. I am supporting a convenient, lifesaving service that, as far as we know, is just as good as the old way. One thing I like about this budget article is its provision for obtaining data on the use of telehealth. I hope the Advisory committee called for in the Article will include licensed behavioral health provider professional organizations and providers.

Thank you for your attention.